

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 521259 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51							
2							52							
3							53							
4							54							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			↓	4	↓		TOTAL IND.			↓				
TOTAL DEP.			←	5	←		TOTAL DEP.			↓				←
TOTAL CLAIMS			←	5	←		TOTAL CLAIMS			←				←